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Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G83784**

(0)

1. Corporation Name

DAYTONA ANESTHESIOLOGY ASSOCIATES, P.A.

Principal Place of Business

**C/O ROBERT WILLIAMS, M.D.
311 N. CLYDE MORRIS #350
DAYTONA BEACH FL 32114**

Mailing Address

**C/O ROBERT WILLIAMS, MD
311 N. CLYDE MORRIS, 350
DAYTONA BEACH FL 32114-2767
US**



3. Date Incorporated or Qualified

02/01/1984

3a. Date of Last Report

01/26/1996

4. FEI Number

59-2460151

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**WILLIAMS, ROBERT, M.D.
311 N CLYDE MORRIS BLVD, #350
DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature line for registered agent)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	LIPTON, RICHARD M. MD	311 N CLYDE MORRIS #350	DAYTONA BCH FL	<input type="checkbox"/>
D	LAPHAM, DIANE F. M.D.	311 N CLYDE MORRIS, 350	DAYTONA BEACH FL	<input type="checkbox"/>
D	THOMPSON, DAVID J., MD	311 N CLYDE MORRIS, 350	DAYTONA BEACH FL	<input type="checkbox"/>
D	DELANEY, RICHARD D., MD	311 N CLYDE MORRIS, 350	DAYTONA BEACH FL	<input type="checkbox"/>
D	DOLINER, STUART J., MD	311 N CLYDE MORRIS, 350	DAYTONA BEACH FL	<input type="checkbox"/>
D	FRANZ, JUNE A M.D.	311 N CLYDE MORRIS, #350	DAYTONA BCH FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
D	ROSS MAYFIELD, MD	311 N. CLYDE MORRIS #350	DAYTONA BCH, FL 32114																				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

Robert C. Williams M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-97

904-255-1266

Date

Daytime Phone #

CR2E034 (9/96)